

The following questions of the questionnaire were linked to the part “people with disability”:

HEALTH ISSUES, DISEASE

9. Do you have any long-term (existing for at least 6 months) health problems, diseases of the following? Think about the periodically recurring problems as well, and note the most serious one in case of having several problems at the same time.

Has:

- (01) locomotor problems (pl. rheumatism, joint problems, partial or complete absence of limbs, etc.)
- (02) cancer, tumors
- (03) skin disease, allergies causing skin lesions, severe skin lesions
- (04) circulatory system disease (eg. cardiac or blood pressure problems, stroke, thrombosis, varicose)
- (05) thoracic and respiratory disease (eg. asthma, bronchitis, respiratory allergies)
- (06) diseases of stomach, liver, kidneys or other disease of the digestive system)
- (07) diabetes
- (08) epilepsy
- (09) severe headache (migraine)
- (10) learning problems (eg. reading, numeracy, writing problems)
- (11) neurological psychological, mental diseases (eg. chronic anxiety, depression, panic disorder, phobia, anorexia, sleeping disorders, etc.)
- (12) other progressive disease (eg. Parkinson's disease, AIDS, rheumatoid arthritis, Alzheimer's disease, etc.)
- (13) other long-term disease, namely:.....
- (14) Has, but don't want to share.

- (15) Doesn't have any of these.

10. Does any of the following skills, activities cause long-term (lasting for at least 6 months) problems? Think about the periodically recurring problems as well, and note the most serious one in case of having several problems at the same time.

- (1) sensory problems despite wearing sensory aids (eg. glasses, hearing aids)
- (2) other movements (eg. walking, climbing stairs, rearing, stretching, lifting objects)
- (3) concentration, remembering
- (4) communication (understanding others, making others to understand me)
- (5) no

11/A. Does any of the marked inconvenience, health problem or disease limit the weekly hours you can (could) spend for income providing work?

Eg. Can't (couldn't) fulfill the usual working hours of a full-time employee, can't (couldn't) fulfill the usual amount of workload of the occupation, can (could) work only with lowered intensity.

- (1) yes (2) no

11/B. Does any of the marked inconvenience, health problem or disease limit the kind of income providing work you can (could) carry out?

Eg. can not lift heavy objects, work outside, or fulfill jobs requiring sitting or standing for a long time, etc.

- (1) yes (2) no

11/C. Does any of the marked inconvenience, health problem or disease limit you in going to work?

Eg. makes it difficult to travel between home and the (potential) workplace.

- (1) yes (2) no

11/D. Does any of the marked inconvenience, health problem or disease limits your employment or working in any other way?

- (1) yes, namely:
- (2) no